

## REPORTS INVENTORY

CONTROL NO.

PREPARE IN DUPLICATE

DDS/oe-007

1. TITLE OF REPORT (if a fill-in report include Form No.)

Review of OC-OPI forms

2. TYPE OF REPORT

<input checked="" type="checkbox"/>	STATISTICAL
<input type="checkbox"/>	NARRATIVE
<input type="checkbox"/>	MACHINE-NAME LISTING

3. FUNCTIONAL AREA

PERSONNEL

TRAINING

LOGISTICS

SECURITY

MEDICAL

FINANCE

ADMIN. GENERAL

OTHER (specify)

4. NO. OF COPIES PREPARED

1

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Annually

6. DISTRIBUTION (No. of components not number of copies)

1

7. FORMAT (memorandum, form computer print-out, etc)

Form listing

8. ADP PROCESSING

YES

IF YES GIVE ADP PROCESSING NO.

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NO

9. DIRECTIVE AUTHORITY REQUIRING REPORT

OC-RMS

10. PREPARING COMPONENT (include lowest level contributing information to report)

OC-AFS/AMS/ES/FES/MES

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

## 12. COST FACTORS

## A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS4-15	GS13 Average 8.30		3 hr 16 min		28.67		1		28.67

## B. COSTS OF COMPUTER PRODUCED REPORTS

TOTAL COSTS PER YEAR

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

This provides the vehicle whereby needed forms are retained and upgraded while no longer used forms are deleted

## 14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

<input checked="" type="checkbox"/>	RETAIN AS IS	<input type="checkbox"/>	OTHER (explain)
<input type="checkbox"/>	CHANGE		
<input type="checkbox"/>	DISCONTINUE		

ESTIMATED SAVINGS

MAN-HOURS

DOLLARS

16. DATE OF INVENTORY

6 Oct 70

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

Approved For Release 2006/11/13 : CIA-RDP75-00399R000100090034-1

18. EXTENSION